

TV, Film, Webisodes & Theatre Producers E&O - Individual Proposal form

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- • Please provide all requested information, attaching answers on a separate sheet if necessary.
- • The proposer and underwriters are free to choose the law applying to this insurance contract.
- • Unless specifically agreed to the contrary, this insurance shall be subject to English law.

Company details

1. Name of Production Company to be insured

2. Address

Telephone

Email

3. Scheduled Media (Production title)

4. Production budget _____

R e a s e g u r o

5. Brief Synopsis

6. Basis of production (please tick)

Please provide title, author and date published

7. Have you obtained the licenses, clearances and consents from and author and / or rights owner for your proposed use?

Yes

No

If 'NO', please explain

8. Has production been previously aired?

Yes

No

If 'YES', please state date of primary airing and territory

9. Tipo de Producción (Favor de Indicar):

Production Type

Genre

10. Is this production (please tick)

11. Please state

Name of producer _____

Executive producer _____

Writer

12. Number of episodes and minutes per episode (if applicable)

13. Territories for distribution

Clearance procedures

14. Will the script and final cut of the production be reviewed by a suitably experienced media lawyer, for the usual related matters including but not limited to defamation, contempt, invasion of privacy, copyright and trademark?

Yes

No

15. Name of lawyer and law firm

If 'NO', please explain

16. Have all licenses, clearances and consents been obtained or will be obtained for the following prior to first dissemination:

Copyright owners

Authors, Writers, Contributors (including creative input) and Performers

Any living persons appearing or used in your scheduled media

Heirs or estates of deceased persons

Music owners

Owners of film footage, TV clips, photographs

Persons featured in film footage, TV clips, photographs _____

17. Please advise Policy limit required
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18. Please advise Policy period required

1 Year

3 years

4 years

5 years

19. Please list any 'Additional Insureds' to be noted: Name and address if 30 days cancellation notice is required:

20. I/We have read and will adhere to the clearance procedures attached

21. If your scheduled media will be distributed in the USA and you require title cover, please provide a copy of your title report and legal opinion for us to review.

Claims Declaration

22. After enquiry, are your management aware of any claims against you, or any matter which may lead to a claim against you, which would likely be covered by this insurance?

Yes

No

If 'YES', please provide details

23. Have you sustained any losses or had any claims made against you, whether or not insured in the last 5 years?

If 'YES', please provide details

Declaration

Please read this paragraph carefully before signing the declaration:

The undersigned is authorised by the proposer and declares that all the statements in this proposal, and oral or written statements provided to us are true, complete and not misleading.

Signing of this proposal does not obligate you or us to bind the insurance. It is agreed that all oral or written statements provided by you or on your behalf are incorporated into the contract if a policy is issued and have been relied on by us.

You agree that if the information supplied on this proposal changes between the date of this proposal and the effective date of the insurance, you will, in order for the information to be true, complete and not misleading on the effective date of the insurance, immediately notify us of such changes, and we may withdraw or modify any terms including agreements to bind the insurance.

I confirm that the statements are true, complete and not misleading.

Signature of director/officer/board member

Name of director/officer/board member senior manager senior manager

Date:

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